

# U.S. Department of Transportation (DOT) Breath Alcohol Testing Form

(THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3)

## ► STEP 1: TO BE COMPLETED BY BREATH ALCOHOL TECHNICIAN

A. Employee Name _____ (PRINT) (First, M.I., Last)
B. SSN or Employee ID No. _____
C. Employer Name, _____ Address, & _____ Telephone No. _____ _____ ( ) _____ Telephone Number
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post-accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up

## ► STEP 2: TO BE COMPLETED BY EMPLOYEE

<i>I certify that I am about to submit to breath alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on this form is true and correct.</i>				
_____ Signature of Employee			Date	____/____/____ Month Day Year

## ► STEP 3: TO BE COMPLETED BY BREATH ALCOHOL TECHNICIAN

<i>I certify that I have conducted breath alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing devices identified, and that the results are as recorded.</i>				
Screening test: Complete <b>only if</b> the testing device is not designed to <b>print</b> the following.				
_____ Test No.	_____ Testing Device Name	_____ Testing Device Serial Number	_____ Time	_____ AM PM Result
Confirmation test: Confirmation test results <b>MUST</b> be affixed to the back of each copy of this form:				
Remarks: _____ _____ _____				
_____ (PRINT) Breath Alcohol Technician's Name (First, M.I., Last)		_____ Signature of Breath Alcohol Technician		_____ Date
				____/____/____ Month Day Year

## ► STEP 4: TO BE COMPLETED BY EMPLOYEE

<i>I certify that I have submitted to the breath alcohol test the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment if the results are 0.02 or greater.</i>				
_____ Signature of Employee			Date	____/____/____ Month Day Year

**AFFIX SCREENING TEST RESULTS HERE  
(IF APPLICABLE)**

**USE TAMPER-EVIDENT TAPE**

**AFFIX CONFIRMATION TEST RESULTS HERE**

**USE TAMPER-EVIDENT TAPE**

**PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)**

Public reporting burden for this collection of information is estimated for each respondent to average: 1 minute/employee, 4 minutes/Breath Alcohol Technician. Individuals may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug Enforcement and Program Compliance, Room 9404, 400 Seventh St., SW, Washington, D.C. 20590 or Office of Management and Budget, Paperwork Reduction Project, Room 3001, 725 Seventeenth St., NW, Washington, D.C. 20503.

**COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER**

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